



# Open Enrollment Business Rules

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## **OPEN ENROLLMENT PERIOD**

The program shall provide for an annual Open Enrollment (OE) period of at least forty-five (45) calendar days. During this period, applicants may for any reason request that subscribers be transferred from one participating health, dental, or vision plan to another. Plan selection rules set forth in Section 2699.6623 apply for OE.

Each year, subscribers enrolled in the HFP are given the opportunity to choose a new health, dental, and/or vision plan during a time period directed by the State.

As directed by the State, the Contractor shall mail a notification with the monthly billing statements to each HFP applicant who has a child(ren) enrolled in the HFP, at his or her mailing address announcing the HFP OE period. (HF\_LT\_83)

The Contractor shall mail, by first class mail, the OE materials (i.e. OE Postcard, OE Packet, etc.) to all applicants for subscribers who are enrolled in the program during the OE period.

## **OE PACKET DISTRIBUTION**

A customized family-specific, language-case-appropriate, county-of-residence appropriate, and plan-zip-code-type appropriate OE Packet is sent to each applicant associated with one or more subscribers enrolled in the HFP as of the 15<sup>th</sup> of the month prior to the OE begin date, as specified each year by the State. It will be postmarked no later than five (5) business days before the OE begin date by first class mail service for whom there will be plan and/or premium changes. (HF\_LT\_082) For applicants with no plan or premium changes, an OE Postcard will be sent by first class mail in lieu of a customized Packet. (HF LT 084) A response is due by the OE end date, as directed by the State.

Any Special Population Plan where the premium rate is changed for the defined county (from C999 to D999 or visa versa) will result in a change of premium to be effective on the OE effective date, as directed by the State, of the current contract year in the event the member remains in the affected plan.

A second OE Packet mailing is sent for those subscribers enrolled within thirty (30) calendar days prior to the OE begin date each year, who are required to change plans or will experience a change in premium. The OE Packet will be sent by first class mail and postmarked no later than fifteen (15) calendar days after the OE begin date, as directed by the State each year. A response is due by the OE end date as specified by the State.

The Contractor shall contact all applicants and subscribers enrolled during the OE period by a State-approved modified OE Packet to make them aware of their OE plan options for the new benefit year and shall provide them the opportunity to select these new plan options. The mailing will be sent by first class mail and postmarked fifteen (15) calendar days after the OE period ends.

If there are more than 8 HFP actively-enrolled children per family, a new OE packet must be generated for the remaining HFP actively-enrolled children.

## **OE PACKET CONTENT**

The OE Packet shall be no longer than twenty (20) pages.

The components of the OE Packet include:

1. A Cover Page indicating the contents of the OE Packet
2. A letter explaining the OE process and contact information
3. A customized Personal Fact Sheet that lists current subscribers and current plan selections
4. A plan selection page, which lists available plans and new family contribution rates for the upcoming benefit year
5. An OE Transfer Request Form for making new plan selections
6. Half-page summaries for available plan options (Plan Ads)
7. Frequently Asked Questions Grid outlining each plan's benefits and exclusions in a side-by-side comparison format
8. A Customer Satisfaction Survey requesting information on the reason(s) for any plan transfers
9. Any other materials specified by MRMIB.

The type of OE Packet a family is sent depends on the annual results of the plan negotiations and CPP designation. The packet types include, but are not limited to:

1. All Plans are still available.
2. All Plans are still available; premium will change (CPP has changed).
3. Health plan is no longer available; new plan must be chosen.
4. Health and dental plans are no longer available; new plans must be chosen.
5. Dental plan is no longer available; new plan must be chosen.
6. Dental plan is no longer available; new plan must be chosen; premium will change.
7. Vision plan is no longer available; new plan must be chosen.
8. Vision plan is no longer available; new plan must be chosen; premium will change.
9. Health and vision plans are no longer available; new plans must be chosen.
10. Dental and vision plans are no longer available; new plans must be chosen.
11. Dental and vision plans are no longer available; new plans must be chosen; premium will change.
12. Health, dental, and vision plans are no longer available; new plans must be chosen.

Accompanied with each OE Packet, the Contractor shall include a State-approved booklet, which provides quality reports on HFP health and dental plans, as well as information on how to select a plan.

The State-approved booklet shall be at least fifteen (15) pages.

The Contractor shall have the capability to re-generate and re-send an OE Packet if requested by the applicant during the OE period.

The OE re-send shall be sent to the applicant by first class mail, fax, e-mail, or by other alternative means as required by the State. The Contractor will deliver the OE re-sends by the means requested by the applicant.

## **OE POSTCARD**

If directed by the State, the Contractor shall send an OE Postcard to applicants whose health, dental, and vision plans will still be available in the upcoming benefit year, and if the applicant's premium will not be changing due to a health plan's CPP status changing or premium increase. No OE Packet will initially be sent to these applicants. The OE Postcard will be sent to each applicant associated with one or more subscribers enrolled in the HFP as of 30 calendar days prior to the OE period begin date each year, as specified by the state. The Postcard will be sent by first class mail and postmarked no later than 5 calendar days prior to the OE begin date, as specified by the State. A response is due by the predetermined date (provided by the State). (HF\_LT\_84)

A second OE Postcard mailing is sent for those subscribers enrolled within 30 calendar days prior to the OE begin date of each year, as specified by the State, who are not required to change plans and experience no change in premium. The Postcard will be sent by first class mail and postmarked no later than fifteen (15) calendar days after the OE begin date of each year, as specified by the State. A response is due by the predetermined date (provided by the State).

If an OE Postcard is returned to the Contractor via returned mail for any reason, the Contractor will process the OE Postcard according to approved returned mail business rules. If a new valid address is obtained, a request for the OE Packet will be triggered, and the OE Packet will be sent to the applicant via the next OE Packet cycle. The Contractor shall have the ability to image, link, and process any received postcard requests for customized OE packets.

## **OE POSTCARD CONTENT**

The OE Postcard will inform applicants that their plans and premiums are not changing for the upcoming benefit year, and they do not have to change plans during OE.

The OE Postcard will instruct the applicant to return the postcard or call the toll-free OE telephone line by a predetermined date (provided by the State) to request a customized OE Packet. The Contractor shall mail the OE Packet within five (5) business days of such request. Postcards received after the predetermined date will be imaged and linked, but no OE Packet will be generated or sent to the applicant.

The OE Postcard shall contain the following information:

- HFP toll-free number

- HFP website address
- Applicant's name and mailing address
- A barcode for tracking purposes
- HFP return address and prepaid postage
- Date by when applicant must mail the postcard to request an OE Packet
- Date by when applicant must call to request an OE Packet.

## **PLAN CHANGE REQUEST**

For each subscriber for whom an applicant is requesting to change plans during an OE period, the applicant shall provide the following:

- (1) Full name
- (2) Address
- (3) Social Security Number (optional)
- (4) Home telephone number
- (5) New participating plan(s)
- (6) The applicant's choice of primary care provider/clinic (optional), dentist (optional), and/or eye doctor (optional) for each child for whom application is being made.

If the applicant who has requested a plan change during the annual OE period wishes to rescind that plan change, the Contractor will rescind the transfer if the applicant so requests within twenty (20) business days of the end of the annual OE period.

Incoming OE transfer requests are processed on a daily basis, and the subscriber records are updated with the new plan selections. All plan transfers take effect as of the first of the month as directed by the State each year. A letter confirming all plan selections for eligible subscribers is sent upon processing of the OE request.

(HF\_LT\_26)

The Contractor shall coordinate the plan change process during OE for applicants and subscribers who are enrolled in plans that are no longer available in the new benefit year. If the applicant/subscriber has failed to make the required plan change fifteen (15) calendar days after the OE period end date, as specified by the State, the Contractor shall follow the State's written policy direction for resolution.

If the applicant/subscriber fails to make the required plan change, subscribers will be enrolled by default into the CPP and/or by random assignment of available dental and vision plans, unless otherwise instructed by the State.

The Contractor shall send a written confirmation letter to applicants and subscribers that requested a plan change during OE. The letter will be postmarked prior to the OE transfer effective date for new plans, as directed by the State each year, and shall confirm the plan selections for all eligible applicants and subscribers who were approved transfers. (HF\_LT\_26).

Families receiving OE Packet Types 3-12 are required to submit their plan selections by the last date of the OE period each year, as specified by the State.

**PRINT RECORD**

Only the names of HFP actively-enrolled children (first name and first initial of the last name) eligible for OE will be printed on the Transfer Request Form.

OE Packet will be addressed to the first and last name of the applicant identified for the family.

OE Packet will be addressed to the family's last known mailing address, if different from the last known residence address on their account. Otherwise, the OE Packet will be mailed to the family's last known residence address.

Families utilizing multiple households will be sent a separate Packet per household.

No non-HFP-enrolled members will be displayed in the OE Packet as authorized members for transfer.

The Personal Fact Sheet must display all available health, dental, and vision plans as of the OE transfer effective date, as directed by the State each year, based on the child's current residence, county, and zip code. The current residence address of the actively-enrolled members will be displayed on the Personal Fact Sheet.

If total available health, dental, or vision plans exceeds the amount that can be printed on a single Personal Fact Sheet, a new OE Fact Sheet must be generated to display the remaining available plans.

The applicant's home and work phone number will be printed on the Transfer Request Form.

Any plan that has been determined not available will be reflected as end-dated as of 75 calendar days prior to the OE effective date of the new contract year, as specified by the State each year. These are known as "dropped plans."

Any dropped plans will not be available to new enrollments or existing members requesting transfer on or after 75 calendar days prior to the OE effective date of the current contract year, as specified by the State, unless otherwise directed by the State, and will not appear on the OE Packet.

Any new plan that has been determined to begin availability on or after the OE transfer effective date of the current contract year will reflect a start date of the OE transfer effective date of the current contract year, as specified by the State. These will be known as "new plans".

If a member sends a request for transfer during OE that is not an OE Transfer Request Form (i.e. correspondence letter or telephone call), and they did not move counties and are NOT within their 3-month period, the transfer request shall be processed. The transfer shall be recorded as an OE transfer for reporting purposes.

Any current plan that will be changing from a CPP to a non-CPP or vice versa, will result in a change of premium to be effective on the OE transfer effective date of the current contract year, in the event the member remains in the affected plan.

OE packets printed by the vendor will have an image of the Cover letter, OE Transfer Request Form, and Personal Fact Sheet.

If the CPP is not available for the members' residence county and zip code, no CPP plan will be printed on the OE Packet as an available option for selection.

A plan will not show as a dropped plan on the OE Packet if the plan is in a split county, as reported by MRMIB, where one county does not have available coverage for the plan.

## **TRANSFER REQUEST FORMS**

All Transfer Request Forms and accompanying documents returned need to be imaged and assigned a unique document control number.

If the Transfer Request Form is returned indicating a health, dental, and/or vision change, the selected plan(s) must be validated for available coverage using the OE transfer effective date for the current contract year based on the child's current residence, county, and zip address.

If the Transfer Request Form is returned indicating a health, dental, and/or vision change, and the selected plan(s) is found to be unavailable for coverage against the child's current residence, county, zip address; the applicant will be required to submit a new valid plan selection, and a transfer denial letter will be sent to the applicant.

If a member returns the OE Transfer Request Form and the plan selection is found to be valid, the member will be transferred into the new selected plan(s) with an effective date as directed by State of the current contract year (OE transfer).

If a member returns the OE Transfer Request Form and is found disenrolled from the program, the transfer request will be processed and transfer into the new plans will be held for 90 calendar days in the event the members are reinstated or re-enrolled into the program. Case note will be generated.

If a member is OE transferred, 834's and MEDS output will be generated as currently performed by a normal transfer.

If an OE transfer request is held as a result of the member being disenrolled thirty (30) calendar days after the OE period ends of the current contract year, and the member is re-enrolled or reinstated into the program, the member will be re-enrolled into the plans as requested on the OE transfer request.

If an OE transfer request is held as a result of the member being disenrolled before the OE effective date of the current contract year, and the member is re-enrolled into the program where their effective date will be earlier than the actual OE transfer effective date of the current contract year, the member will be re-enrolled into their original plans



and transferred into the new plans as requested on the OE transfer request, as of the OE transfer effective date of the current contract year.

If an OE transfer request is held as a result of the member being disenrolled before the OE effective date of the current contract year, and the member is re-enrolled into the program where their effective date will be later than the OE transfer effective date of the current contract year, the member will be enrolled into the new plans as requested on the OE transfer request, as of the OE transfer effective date of the current contract year.

Plans indicating new county/zip code coverage starting as of the OE transfer effective date of the current contract year, will not be available to new members until ten (10) calendar days prior to the OE effective date of the current contract year, except when a pre-enrollment results in an effective date of the OE transfer effective date or greater. This allows for the ten (10) calendar days plan notification.

If more than one member in the family is transferred to the same plan, only one letter per family will be generated.

If a plan is changing from full county coverage to partial county coverage, those zip codes that will no longer be covered in the county as of the OE transfer effective date of the current contract year will not be available to new enrollment as of seventy-five (75) calendar days prior to the OE effective date of the current contract year, as specified by the State, unless the member already has siblings enrolled in the program in the selected plan or as specified by the State. Those zip codes to be covered after the OE transfer effective date of the current contract year, as directed by State, will be available to new enrollment (Consider pre-enrolls) and available for transfer through the OE period and through normal transfer rules, including pre-enrollments with an effective date of the OE transfer effective date or greater.

If a plan is changing from partial county coverage to full county coverage, those zip codes that will not be available until the OE transfer effective date of the current contract year, will not be available until ten (10) calendar days prior to the OE transfer effective date of the current contract year, as specified by the State, except when a pre-enrollment results in an effective date of the OE transfer effective date or greater. This allows for the ten (10) calendar days plan notification.

## **CALL BACK**

If the member is identified in a plan that will not be available thirty (30) calendar days after the OE period ends in the current contract year, and the member does not respond with a valid selection by the 15th of the month that OE period ends, five attempts must be made to contact the applicant. Letter 77 series is also sent as a reminder to choose new plans.

## **FORCED TRANSFER ASSIGNMENTS**

If a member is identified in a plan that will not be available thirty (30) calendar days after the OE period ends in the current contract year, and the member does not respond with a valid selection within ten (10) calendar days prior to the new plan contract year, the member will be transferred into (known as “forced”) the CPP as defined for the current

residence county, zip code, and address. If a CPP is not available, an available health plan will be randomly assigned based on the member's current residence, county, zip code, and address, or transferred as specified by the State.

If a member is identified in a dental and/or vision plan that will not be available thirty (30) calendar days after the OE period ends in the current contract year, and the member does not respond with a valid selection(s) within ten (10) calendar days prior to the new plan contract year, the member will be forced into a randomly assigned dental and/or vision plan that will be available on the OE transfer effective date of the current contract year for the child's current residence, county, zip code address, or as specified by the State. Limited Dental Plan (LDP) will be randomly assigned only to those families that are subject to the LDP business rules.

If the member is found in a dropped plan(s), the family will be sent a reminder notification indicating the plan(s) the member will be forced into if they do not respond within ten (10) calendar days prior to the new plan contract year. This includes members that have moved out of state whose current plan(s) is dropped in their last California county.

If a member is disenrolled with a termination date fifteen (15) calendar days prior to the OE period ending in the current contract year and is found in a plan(s) that will not be available on or after the OE transfer effective date, and they did not respond with a valid plan selection within ten (10) calendar days prior to the new plan contract year, no reminder notification will be sent. (Letter 77 series)

If a member who was disenrolled fifteen (15) calendar days prior to the OE period ending in the current contract year where no reminder notification was sent, is subsequently reinstated after the disenrollment date, a force transfer assignment will occur as per business rules noted below.

If a member is OE force transferred, the member must be notified of the newly selected plan(s) and the effective date of transfer by mail with a postmark date no later than ten (10) calendar days prior to the OE plan transfer date of the current contract year.

If a member is in a plan that changes from a CPP to a non CPP or vice versa and has not responded by ten (10) calendar days prior to the new plan contract year, they must be notified of the premium change and the effective date of transfer by mail with a postmark date no later than ten (10) calendar days prior to the OE plan transfer date of the current contract year (Letter 27a and OE Packet).

If a member is disenrolled ten (10) calendar days prior to the new plan transfer effective date of the current contract year with a termination date beyond the new plan transfer date, is found in a plan(s) that will not be available at the end of the disenrollment month of the current contract year, and the member did not respond with a valid plan selection within ten (10) calendar days prior to the new plan contract year, the member will be forced into an alternately assigned plan that will be available on the OE new plan transfer effective date of the current contract year for the child's current residence, county, and zip code address for the remaining already defined period of eligibility beyond the new plan contract year or as specified by the State.

If a member is disenrolled ten (10) calendar days prior to the OE plan transfer effective date of the current contract year with a termination date before the end of that month, is found in a plan(s) that will not be available after the disenrollment month of the current contract year, and the member did not respond with a valid plan selection ten (10) calendar days prior to the new plan contract year, no forced assignment will occur.

If a member is transferred because of an OE Transfer request, the reason for the transfer must be identified as OE Transfer (1001).

If a member is force transferred as a result of an OE Transfer request, the reason for the transfer must be identified as OE Forced Transfer.

If a member is disenrolled with a termination date after the OE transfer effective date and is being transferred to a new plan for the remaining eligibility period, and the current plan(s) has already been notified of the future termination date, the new plans must be notified to add the member as of the OE transfer effective date but to terminate the member on the termination date already established.

If a member is disenrolled with a termination date after the OE new plan transfer effective date and is being transferred to a new plan for the remaining eligibility period, and the current plan(s) has already been notified of the future termination date, the old plan(s) must be notified to change the termination date of the member as of the day prior to the OE transfer effective date.

Discontinue new enrollment with effective dates on and after the OE period begins, as directed by the State, and deny transfer requests received on and after that date into a dropped health, dental, or vision plan coverage area.

Members residing in zip codes reported by MRMIB in a split County where the alternate County is not available coverage for the member's plan, will not be force transferred to a new plan.

Address Change force transfer logic will remain the same during Open Enrollment. For example, the OE period begins July 15 and ends August 31, with a new plan transfer effective date of October 1. If an applicant's address is updated on September 6 and the applicant's current Health, Dental, and/or Vision plan is not available in the new county of residence effective October 1, the applicant will be provided 30 calendar days to select a new plan. If the applicant does not select a new health plan, by October 6, the address change force transfer logic will transfer the subscriber to the CPP in their county effective November 1. If a CPP is not available, a health plan will be alternately assigned based on the member's last residence, county and zip code address, or transferred as specified by the State. If the applicant does not select a new a dental and/or vision plan, by October 6, one will be alternately assigned based on the member's last residence, county, and zip code address, or transferred as specified by the State. The subscriber will not be force transferred during the Open Enrollment force transfer period.

If an applicant moves out of state and the current plan is still available in their California county of residence, no force transfer will occur.

If an applicant moves out of state and the current health plan is not available in the last California county of residence, and they do not respond with a valid selection(s) within twenty (20) calendar days after the OE end date in the current contract year, as specified by the State, the subscriber will be transferred into the CPP as defined for the last California current residence county, zip code address. If a CPP is not available, a health plan will be alternately assigned based on the member's last residence, county, and zip code address, or transferred as specified by the State.

If an applicant moves out of state and the current dental and/or vision plan is not available in the last California county of residence, and they do not respond with a valid selection(s) within twenty (20) calendar days after the OE end date in the current contract year, as specified by the State, the subscriber will be forced into an alternately-assigned dental and/or vision plan that will be available on the OE new plan transfer effective date of the current contract year based on the member's last California residence, county, and zip code address, or as specified by the State.

## **SURVEY**

If an OE survey is returned, it must be identified as being responded to, with or without the OE Transfer Request Form.

If an OE survey is returned, it must be reported as being associated with a request for transfer or forced transfer action.

If an OE survey is returned, all responses to the questions represented on the survey must be collected.

If more than one response is provided with the satisfaction scale 1-5 questions, all responses will be collected.

If more than one response is provided in the satisfaction scale 1-5, the higher of the responses will be reported as the final response.

If more than one response is provided with reasons for changing health or dental plan, all responses provided will be collected.

All OE survey data collected will be provided to the State, with the month-end reports, in an agreed upon format at the end of the OE project, by the 10th of the following month after OE transfers are effective.

Free text supplied on the OE survey form will be captured and reported; if applicable, the responses will be grouped into the health, dental, or vision category.

The data collected from the OE survey and transfer activity will be provided to the State, with the month-end reports, in an agreed upon format at the end of the OE project, by the 10th of the following month after OE transfers are effective.

The Contractor shall include data obtained from applicants' responses to the survey in a data file and shall link the data to the HFP Application Number specified in Attachment B of this Agreement.

## WEEKLY REPORTING

A report of OE activity will be generated and provided to MRMIB on a weekly basis.

## MONTHLY REPORTING

A monthly narrative report will be provided to the State that will summarize activities and reflect overall accomplishments during the prior month, upcoming tasks or deadlines for the coming weeks, and a description of any critical issues identified, resolved, and what the outcome was. The monthly narrative report is due at the end of each month during the OE period and until the OE plan transfer effective date occurs.

## ANNUAL REPORTING

An OE Annual Summary report will be provided to the State that will reflect data that has been collected during the overall OE process.

## WEBSITE REQUIREMENTS

The following will be made available on the HFP website during the annual OE period:

- Downloadable OE Transfer Request Form
- Updated plan coverage charts by county and premium
- Plan Quality Comparison Guide

## AIM-Linked Infants Coverage in the HFP:

An AIM-linked infant enrolling into the HFP, and the AIM mother was enrolled in an AIM health plan that is no longer an available HFP health plan as of the Open Enrollment start date, will remain enrolled in the AIM mother's health plan during the infant's first 2 months of life.

If there are no siblings currently enrolled in the HFP, and the infant's existing plan is **no longer an available HFP plan**, the AIM-linked infant will be transferred into the CPP if a CPP is available in the infant's residing zip code area. In the event a CPP is not available in the infant's residing zip code area, the infant will be force transferred into an available HFP health plan by the alternate plan assignment process. These transfers will be effective on the 1<sup>st</sup> day of the infant's 3<sup>rd</sup> month of life.

In the event an AIM-linked infant is enrolled in the AIM mother's health plan, and the plan is now **closed to new enrollment** in the HFP and the infant does not have existing siblings enrolled in the HFP, the infant may continue to stay enrolled in their HFP existing health plan. This is the case as long as the infant's first 2 months of life occur within a timeframe that transpires on or after the last day of Open Enrollment.

*For example, an AIM mother is enrolled in Anthem Blue Cross (ABC). Effective October 1, ABC is an HFP health plan that is not accepting new members. The AIM-linked infant does not have any existing siblings enrolled in the HFP. The AIM-linked infant was born on September 28 and is enrolled in the HFP effective their date of birth. Since the*

*infant's 2<sup>nd</sup> month of life occurs within a time period that is on or after the last day of Open Enrollment, the AIM-linked infant may continue to be enrolled in ABC. In this circumstance, the AIM-linked infant is considered an existing ABC subscriber because their 2<sup>nd</sup> month of life continues to occur on or after the last day of Open Enrollment.*